

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13189

State File No.

FILED APR 27 1953		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5053		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Viola (Shell Knob)</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Viola (Shell Knob Twp)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY</u>				d. STREET ADDRESS (If rural, give location) <u>CITY</u> <u>0050</u>			
3. NAME OF DECEASED (First) <u>George</u>		(Middle) <u>Yon</u>		(Last) <u>Marenholtz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>10-21-1883</u>	
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Marenholtz</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina Spoetter</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte Davis</u>		ADDRESS <u>Viola, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Essential Hypertension</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>4 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 10, 1951</u> to <u>April 10, 1953</u> , that I last saw the deceased alive on <u>April 10, 1953</u> and that death occurred at <u>4:44 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. H. Smith</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Cassville, MO</u>		23c. DATE SIGNED <u>4-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Viola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County MO</u>	
DATE REC'D BY LOCAL REG. <u>4-21-1953</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett A. Hick</u>		ADDRESS <u>Berkeley, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 5 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest H. Ficke

Licensed Embalmer No. 4823

P. O. Address Box 269 Benningville, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.